



Vocational Rehabilitation

Nebraska Department of Education

WAIVER OF PARENT SIGNATURE FORM

I understand that in the absence of any parent or guardian, Vocational Rehabilitation is willing to work with me and treat me as an adult for program purposes, which means I have the rights and responsibilities of an adult.

I certify these to be true:

I do not receive any housing, financial, transportation, insurance or other material support from my parents: AND

I do not have any guardians; AND

I am financially responsible for myself. I provide for my own shelter, food and other life necessities.

I agree to the following:

If my living situation changes and I return to the care or custody of my parents or guardian, I will notify Vocational Rehabilitation immediately; AND

If I begin receiving any type of financial support from my parents or guardian, I will notify Vocational Rehabilitation immediately.

Consumer's Signature

Date